

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10826113

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		1				
16		1				
17	1					
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19		1				
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40		1				
41		1				
42		1				
43		1				
44		1				
45		2				
46		2				
47	1	1				
48	1	1				
49		1				
50		2				
TOTAL IND.	9					
TOTAL DEP.	67					
TOTAL CLAIMS	76					

	IND	DEP	IND	DEP	IND	DEP
51						
52		2				
53	1	1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1	1				
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TOTAL DEP.						
TOTAL CLAIMS						